



New Testament Ministries/Bridge to Care Food Pantry Volunteer Agreement Form

I, _____, agree to work as Volunteer for New Testament Ministries/Bridge to Care Food Pantry.

Information we require before you can start the volunteer role:

Name:

Permanent Address:

Home Phone:

Cell Phone:

E-mail:

Birthdate:

Do you have any physical restrictions or special needs? No, Yes _____

Do you have any special skills or areas of interest? No, Yes, _____

You are a volunteer at New Testament Ministries/Bridge to Care Food Pantry and know that this is a volunteer position. You are performing all duties on a voluntary basis, of your own free will, and you will not receive payment for your work. You are aware that you are not an employee of New Testament Ministries/Bridge to Care Food Pantry and you are not entitled to a salary or any monetary payment. Volunteers should not promote private or personal interests in conjunction with the performance of duties and shall not attempt to solicit employees or to use confidential information for personal advantage or gain. The volunteer must exercise good faith and integrity in all dealings. New Testament Ministries/Bridge to Care Food Pantry provides safe and healthy environment in which to perform your role as a volunteer. As a volunteer it is important to operate under the direction and supervision of nominated staff and follow reasonable directions and instructions understand and comply with New Testament Ministries/Bridge to Care Food Pantry policies and procedures; including

anti-discrimination, confidentiality, and intellectual property notify your supervisor or another member of staff of any hazardous situations that pose a risk to you or others; and report any accidents or incidents relating to staff, volunteers or plant and equipment behave appropriately and courteously to both the staff and the public with whom you interact. This contract may be cancelled at any time at the discretion of either party by verbal or written notice. I accept the terms stated above and will strive to fulfill the responsibilities outlined in this agreement. If there are problems with my responsibilities, I will advise the pastor immediately. I understand that I will not be paid for my services, nor will I be eligible to receive any reimbursement for expenses incurred in transportation to and from the volunteer assignment.

I am aware that participation as a volunteer may require periods of minor physical exertion, including lifting and carrying up to 30 lbs, and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage. As consideration for volunteering for New Testament Ministries/Bridge to Care Food Pantry I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue New Testament Ministries/Bridge to Care Food Pantry, for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any means as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE New Testament Ministries/Bridge to Care Food Pantry FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION OF VOLUNTARY. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF MY VOLUNTARY SERVICES, I AM NOT New Testament Ministries/Bridge to Care Food Pantry WORKERS' COMPENSATION PROGRAM. I acknowledge that I sign this Release knowingly and intelligently and with full and complete knowledge of the purpose of the volunteer position.

Name of Volunteer: _____

Signature of Volunteer: _____ Date: _____